

GENE RESEQUENCING SUBMISSION FORM

Please fill out a separate form for each gene

Name: _____ Ext.: _____ Date: _____

Gene of interest and species* (e.g., P53 – Human):

* Please email D.J. Doss (djboss@mdanderson.org) for a current list of genes available.

Number of samples: _____ Source of DNA (i.e., blood, paraffin*, tissue): _____

*Please contact DJ or Erika Thompson for information about submitting DNA from paraffin embedded tissue (FFPE).

Are these samples PDX? (i.e., xenograft? **YES / NO** (please choose one)

.Method of DNA prep (e.g., Qiagen kit): _____

Sample names* _____

*email list to DJ if needed

****Minimum Concentration Requirements:** 50µl at 50ng/µl for each gene requested. Contact DJ Doss (djboss@mdanderson.org) for more information.

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Authorized Signature (****Department Administrator Only****): _____

Authorized Signature (Printed): _____

Lab PI Name: _____ Department: _____

ResourceOne Accounting Chartfields: *(fill empty fields)*

BU:	Account:	Dept ID: (6 digits)	Fund Group: (2 digits)	Fund: (6 digits)	Fund Type: (2 digits)	*PCBU: (5 letters)	*Project: (6 digits):	*Activity (4 digits):
MDACC	55102					MDGRN		

*only for grant accounts

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For Core Lab Use

Received: _____ Project Name): _____ Log #: _____

Data Sent: _____ Samples returned: _____